

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

139 576

FILING DATE

12-29-87

APPLICANT(S)

Widdes et al.

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5	1					
6		1				
7		2				
8		2				
9	1					
10		1				
11			1			
12				1		
13				2		
14				1		
15				2		
16			1			
17				1		
18				2		
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45						
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47						
48						
49						
50						
TOTAL IND.	3		2			
TOTAL DEP.	11		9			
TOTAL CLAIMS	14		11			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						